090US2540 FOR ATTORNEYS' USE ONLY DECLARATION AND POWER OF ATTORNEY ATTORNEYS' DOCKET NO ALL PATENTS, INCLUDING DESIGN U.S.A. FOR APPLICATION BASED ON PCT: PARIS CONVENTION; NON PRIORITY; OR PROVISIONAL APPLICATIONS As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the onginal, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled: Method for Sharing Expenditure of Distribution System PCT International Application No. which is described and claimed in: filed the attached specification the specification in application Serial No. filed (if applicable) and amended on hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) Priority Claimed (Number) (Country) (Day/Month/Year Filed) Yes No (Number) (Country) (Day/Month/Year Filed) r'es No 103 П (Number) (Country) (Day/Month/Year Filed) No Yes 104 I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below: Filing Date Application No Filing Date Exercise the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to paragraphication in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to paragraphication in title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this 105 application: (Application Serial No.) (Filing Date) (Status: patented, pending, abandoned) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772) SEND CORRESPONDENCE TO: CUSTOMER NO. 00136 DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 **JACOBSON HOLMAN** M PROFESSIONAL LIMITED LIABILITY COMPANY JACOBSON HOLMAN 400 SEVENTH STREET, N.W. PROFESSIONAL LIMITED LIABILITY COMPANY WASHINGTON, D.C. 20004 *Inventér(s) name must include at least one unabbreviated first or middle name AMILY NAME GIVEN NAME MIDDLE NAME FULL NAME * OF INVENTOR LIAO Ming STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & Taipei Taiwan, R.O.C. Taiwan, R.O.C. CITIZENSHIP Š POST OFFICE ADDRESS STATE OR COUNTRY ZIP CODE POST OFFICE Inventec Building, 66 Hou-Kang Street, Shih-Lin Dist. Taipei Taiwan, R.O.C. **ADDRESS** FULL NAME * FAMILY NAME GIVEN NAME MIDDLE NAME OF INVENTOR **RESIDENCE &** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE OR COUNTRY ZIP CODE **ADDRESS** CARAII V KIARAC FULL NAME * RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS POST OFFICE CITY STATE OR COUNTRY ZIP CODE **ADDRESS** further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that

Turner declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
Liav, 42 Mins		
DATE 01/21/0/2	DATE	DATE
Additional inventors are named on separately numbered sheets attached hereto.		